

**Embassy of the United States of America**  
Small Grants Office, P. O. Box 9536, Pretoria 0001  
Phone: (012) 431 4240 Fax: (012) 012 342 2190

**The Ambassador's HIV/AIDS Small Grants Program**

The US Ambassador's Small Grants Program assists small grassroots, community-run projects in all nine of South Africa's provinces. The program focuses on health service delivery, particularly for groups or communities affected by HIV/AIDS. This is a service delivery program and each organization that is funded will be required to measure the results it achieves with the grant. Each project must also help itself by giving money, labor or other services to the project. The greater the involvement and contribution from the local community, the more likely the project grant will gain approval.

The Ambassador's Small Grants Program anticipates supporting community groups in such efforts as: promoting HIV/AIDS prevention and awareness; assisting local health clinics and home based caregivers; supporting programs that train care-givers; and providing services to families and centers caring for orphans and vulnerable children.

The Small Grants Program cannot contribute money to a building fund, nor can it pay for vehicles. Computers, office equipment, and building improvements may be justified by demonstrating how they promote delivery of the project. *Please read the guidelines carefully on the following page.*

Grants generally range between US \$5,000 and US \$10,000. After the money is used, the project must be able to keep going on its own or with the help from the community. Please remember that the Program receives many applications and has only a limited amount of funds available.

If your organization has a project that falls within the Small Grants Program guidelines, use the enclosed application to apply for a grant and send it to the office nearest you. The Small Grants Coordinator may schedule a site visit to assess the capabilities of the local committees organized to implement the grants.

<b>U.S Embassy</b>	<b>American Consulate</b>	<b>American Consulate</b>	<b>American Consulate</b>
<b>P.O. Box 9536</b>	<b>P.O. Box 1762</b>	<b>P.O. Box 6773</b>	<b>Old Mutual Center</b>
<b>Pretoria 0001</b>	<b>Houghton 2041</b>	<b>Roggebaai</b>	<b>303 West Street Floor #31</b>
		<b>Cape Town 8012</b>	<b>Durban 4001</b>
<b>Telephone (012) 431 4240</b>	<b>(011)-644 8132</b>	<b>(021) 421-4280</b>	<b>(031) 305-7600</b>
<b>Fax: (012) 342 2190</b>	<b>(011) 646 6914</b>	<b>(021) 421-1230</b>	<b>(031) 305 7650</b>

**TO BE CONSIDERED FOR FUNDING, PROJECTS MUST  
COMPLETE THIS APPLICATION AND SUBMIT THE  
REQUESTED DOCUMENTS.**

### **The Ambassador's HIV/AIDS Small Grants Project Guidelines**

There is no ideal Small Grants project. However, successful projects share similar features and are commensurate with the spirit, if not letter, of the following criteria.

HIV/AIDS Small Grants activities fall into one of three categories:

- Supporting orphans and vulnerable children (OVC)
- Supporting community-based HIV/AIDS prevention and awareness
- Supporting community-based HIV/AIDS palliative care and home health care

It is imperative that projects focus on service delivery (e.g., how many children or patients served; how many sites involved; how many people trained).

Small Grants activities should:

- Address one of the three categories above and be related to service delivery (training people, saving patients, aiding orphans).
- Improve basic economic and social conditions at the local, community or village level.
- Be community driven. Projects should be oriented to communities, not individuals.
- Benefit a substantial number of people in the community.
- Involve a contribution of labor, money or materials by members of the local community.
- Be within the means of the local community to operate and maintain and sustain.
- Lend themselves to quick implementation and impact, ideally utilizing the entire grant within the one-year agreement period.
- Be conducted by local (South African) groups. Community-based organizations, faith-based organization and groups of people living with HIV/AIDS are encouraged.

**Measurable Results.** All programs must have definable objectives that contribute to HIV/AIDS prevention and care. These objectives must be measurable. Each applicant should include their target results in their application, and must report on results twice a year (March 31 and September 30). Results must be measurable in any of the following categories:

1. Orphans and Vulnerable Children (OVC) – number of OVC programs, number of OVC served, number of providers/caretakers trained

2. Community-based HIV/AIDS Prevention with a focus on innovative approaches promoting abstinence and being faithful – number of prevention programs, number of individuals reached, number of individuals trained to provide prevention programs
3. Community-based Palliative Care – number of service outlets, number of individuals provided with general HIV-related palliative care, number of individuals trained to provide general HIV-related palliative care

For example, a program supporting OVC care might project that over a one-year period 100 OVCs will receive services, or a program providing prevention messages might have a target of offering 10 prevention programs in schools reaching 200 participants.

**Small Grants funds may be used for the following:**

- Ongoing administrative or operating costs, such as salaries, stipends or rent are authorized but should be paid sparingly
- Start up costs
- Purchasing computers, office equipment, training equipment in limited circumstances.
- NGOs
- Faith-Based Organizations
- Activities that are generally considered to be the responsibility of the local government
- Art and cultural projects addressing HIV/AIDS
- Sport related activities addressing HIV/AIDS
- Projects that receive USAID funds or have already received a Self Help grant
- Refugees

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**APPLICATION FOR A SMALL GRANT**

**DATE SUBMITTED:**

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Name of Organization: \_\_\_\_\_

Name of Project Coordinator: \_\_\_\_\_

**Telephone/ cell (very important)** \_\_\_\_\_ Fax: \_\_\_\_\_

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E-mail address (if any): \_\_\_\_\_ Traveling time from Pretoria: \_\_\_\_\_ hours.

Postal Address: \_\_\_\_\_ Postal Code \_\_\_\_\_

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Physical Location\* \_\_\_\_\_ \*See also next page

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Description of your Organization and Project: \_\_\_\_\_

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Project cost: **QUOTATIONS from VENDORS must be attached supporting these figures.**

a) Briefly explain what the requested funds will be used for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**b) Amount requested from the United States Small Grant: R** \_\_\_\_\_

R \_\_\_\_\_ salaries/stipends

R \_\_\_\_\_ rent/utilities

R \_\_\_\_\_ telephones/cell phones/internet

R \_\_\_\_\_ transportation/travel

R \_\_\_\_\_ to purchase material/equipment for \_\_\_\_\_

R \_\_\_\_\_ to pay for labor and services for \_\_\_\_\_

R \_\_\_\_\_ to pay for other (specify) \_\_\_\_\_

**Total: R** \_\_\_\_\_

**If your project is a Drop-in Center, please answer the following question:**

How many orphans and vulnerable children (OVC) are at your drop-in center? \_\_\_\_\_

How many caregivers work at your drop-in center? \_\_\_\_\_

How many caregivers have been trained? \_\_\_\_\_

Where did the caregivers receive their training? \_\_\_\_\_

**Please note there is an extremely high demand for financial assistance and Small Grants funds are limited. Incomplete applications will not be considered. You may provide additional information supporting your application.**

**What has the community contributed to the project? Please be specific and give examples.**

Community cash contributions: \_\_\_\_\_

Other community contributions: \_\_\_\_\_

List other contributors to this project and amounts already given or promised:

\_\_\_\_\_

Number of people active in the project: \_\_\_\_\_

What month and year did your project or organization start? \_\_\_\_\_

Has your organization ever received funding from the U.S. Government? Yes / No

(If yes, please explain) \_\_\_\_\_

\_\_\_\_\_

What measurable results will your program achieve? (See Guidelines for a description of Measurable Results in the areas of OVC, HIV Prevention and HIV/AIDS Care) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

**For your application to be considered, you MUST attach the following documents:**

1. A detailed **history** of your organization and project stating when it started, what has been accomplished, what you have done for the community, and how the community supports you;
2. A copy of your **constitution**;
3. A **list of committee members** with their names and addresses;
4. A **map** showing how to get to your project from the N2 or major road;
5. Copy of project **bank account details** including name of bank, account name, account number, and branch;
6. Copies of **quotations from authorized vendors** for all items and services for which you are requesting funding;
7. Proof that the project has its own land (in the name of the project) or permission to occupy the land, e.g. signed **lease agreement** or **land deed**.